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Statement by

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At

The Hague Forum

On Review of Progress in the Implementation of the

ICPD Programme-of Action

The Hague, February 9, 1999

Mr. President,

The International Conference on Population and Development (ICPD) held at Cairo in 1994 was an important landmark, where the global recognition of the broader issues of inter-dependence among population, development and environment was highlighted. The Programme of Action (POA) adopted at this conference required specific commitment and consequent actions over the next 20 years to fulfil them by all its signatories through global partnership among all countries and a sense of shared responsibility for each other.

Five years after the Cairo meet in 1994, we are meeting here to review the progress towards implementation of the ICPD Programme of Action.

We are aware that considerable progress has been made by various countries in implementing various key areas of the ICPD POA through policy reformulation, programme redesign, increased partnership and collaboration and increased resource allocation. In India also several policy initiatives and programme changes have been introduced in the recent past and despite being one of the most populous countries with cultural and socio-economic diversities, our country's progress in Health and other related developmental sectors has been significant. India being a democratic country in the real sense, individual's freedom for decision making takes a prominent place while implementing any programme. So, the emphasis has been to popularise the policies and programmes to promote informed decision making.

With reference to the population issues, I wish to state that the need for population planning for sustained social and economic development was recognised by Government of India way back in 195 1 when the First Five Year Plan was formulated for the country. Since then the National Family Planning Programme was being implemented with various technical and managerial changes introduced from time to time. During the early 90's, for the first time, population issues were put in centre stage of development planning. Subsequently, a draft Population Policy has been formulated. The policy has clearly reflected the concerns for gender perspective as a vital aspect for contraceptive technology and achievement of population goals with the aim of continuous improvement in quality of life; capacity of supporting eco-system; decentralised action through empowered local self governments with elected local representatives supported by centralised services. The draft Population Policy which in short is a statement which is pro-nature, pro-poor, pro-women, has been debated at length and is under serious consideration for approval by the Parliament.

We in India have initiated concerted efforts in one of the most important areas namely, advocating for the **protection of the girl child.** The increasing evidence of

female foeticide and female infanticide, has lead the Government of India to adopt the National Plan of Action for the Girl Child (1991-2000) which also had been the force behind the enactment of the legislation to ban sex determination to prevent female foeticide. In India the **gender ideology,** where traditionally women's primary role is considered as mothers and housewives, is gradually undergoing a change and noteworthy enhancement has been achieved in women's education and participation in the work force thereby increasingly assuming the role as economic partner. In view of the Country's commitment towards implementation of the ICPD POA, during the current **Five Year Development Plan** (1997-2002) under implementation by Government of India concerted efforts are being made towards empowerment of women by creating enabling environment with requisite policies and programmes as well as legislative support. The Plan itself had the benefit of inputs from representatives of women thus setting up a participatory planning process by women themselves and making the plan gender responsive. **A draft National Policy for the Empowerment of Women** has been evolved in 1996 which focuses on changing societal attitudes to women and calls for efforts to eliminate gender based discrimination for promoting women's empowerment. We are also making efforts to promote women's **participation in the political process** by initiating efforts for getting parliamentary approval for reservation of the seats in the Parliament.

With regard to education, the **District Primary Education Programme (DPEP),** initiated in our country in 1994 is a major response to the call for universalisation of primary education which is one of the basic principles laid by ICPD. It focuses specifically on improving girl's access, enrolment and retention in the school system through various measures like educational incentives, flexible timings, gender sensitive curricula and text books, more female teachers etc. In addition, a variety of interventions are being implemented in India to narrow the gender gaps in educational attainment and to remove gender based discrimination in various aspects of services e.g. education, employment, policy positions, and decision making. Efforts with emphasis on skill training of girls and women are in progress through **National/Regional Vocational Training Institutes for Women so** as to make them economically independent. Various other schemes for women's empowerment have been initiated like Indira Mahila Yojana, Rural Women Development and Empowerment project. Incorporation of gender perspective in population, reproductive and sexual health and overall development programme as well as women's empowerment is a benchmark for achievement of the goals of ICPD POA. In this regard, over the years India has witnessed a shift in the approach from the **women's welfare to women's development to women's empowerment.**

One of the important landmarks in the history of Family Welfare Programme in India was, when in April 1996, the Government of India took a bold and important **policy decision to withdraw the system of monitoring family welfare**

programmes with method specific target system. This Target Free Approach was later replaced by a Community Need Based approach. This resulted in a major shift in the programme with focus on decentralised, need based, participatory planning and a monitoring system with emphasis on quality of care and delivery of essential reproductive health services. This approach has been fully reflected in the ongoing RCH Programme, being implemented nation wide.

In addition to efforts for enhancement of access for people to health care services, we are also emphasising the need for convergence of efforts for service provision under all other developmental sectors. With this goal in view, the **Minimum Needs Programme (MNP)** was initiated in India during the late 70's to ensure that the minimum needs of people under various social sectors are met. Health infrastructure development formed one of its essential component. Over the years, considerable expansion has been achieved in this regard and a vast net work of health facilities has been developed to cater to the health needs of the population from every socio-economic strata through **primary, secondary and tertiary levels of health facilities.** Special care is being taken to ensure health care coverage to indigenous and isolated disadvantaged population groups living in **tribal, hilly and desert areas as well as in urban slums so** as to ensure equity and equality in health service availability and accessibility.

Even though there has been gradual shift in the way population and reproductive health problems were conceptualised in the past, the reproductive health as a concept and ideology received global acknowledgement at the ICPD in Cairo'94. In India the various initiatives started by the Government through the different programmes and consultations culminated in the **Reproductive and Child Health (RCH) approach to population control** and in October 1997 the RCH programme was launched in the country to be delivered through the primary health care system. Under the programme all essential components i.e. Family Planning, Safe Motherhood and Child Survival, Reproductive Tract Infection/Sexually Transmitted Infections (RTI/STI) etc. of the RCH are delivered as an integrated package. The emphasis is on **client centered, demand driven, high quality, integrated services.** Partnership with NGOs and private sector is also an important feature of the new programme. The programme is being implemented in a **decentralised manner based on district specific approach.** With this approach, the district and community levels in India have begun to receive as well as to generate much more information on population and reproductive health issues which has helped them to develop and implement appropriate RCH programmes for their respective district and local areas.

In view of the complexity of the programme and the paradigm shift in RCH programme, in order to ensure the desired quality of care, special emphasis is given

on ensuring reorientation and competency development among personnel at all levels. This is envisaged to be achieved through a well co-ordinated training system being implemented on a systematic and continuous basis. Special emphasis is being given on skill-based hands on training for clinical services adequately supported with specialised management and communication training for all concerned. Involvement of Government, NGO and Corporate Sector Institutions in this activity is ensured.

We recognise the importance of capacity of people to communicate with one another with reference to population and reproductive health. Accordingly various issues related to reproductive rights and sexual health including HIV/AIDS issues are being considered under Information, Education and Communication (IEC) activities for reproductive health. Even though such efforts for IEC on various aspects related to RCH are ongoing in India, as a support to the programme a comprehensive IEC strategy is also being evolved for implementation.

The pattern of population growth and structure in India clearly indicates the **need to focus on the young and the ageing population,** since a large proportion of the country's population is at a young age while simultaneously there is an increase in the proportion of ageing population too resulting from the increased life expectancy. In order to address effectively the changing needs of the youth in our country, a **draft National Youth Policy** has been developed with thrust on youth empowerment and gender justice. Objectives of the policy include increased access of young people to all information and services including reproductive health, promotion of social environment to prevent HIV/STD, drug abuse etc. as well as provision of opportunities for education, skill development and employment of youth. The education sector in India has played a significant role in this and "University Talk AIDS" programme, telephone counselling through selected universities are other efforts focussing on this group.

Due recognition is being given to the needs of the increasing proportion of aged population in our country and a **draft National Policy for the Aged** has also been developed more recently which covers. major thrust areas like economic support, shelter and productive role of the aged in developmental activities in addition to health.

While the facts presented thus far indicate that India is progressing in the right direction towards sustained social and economic development with regard to the implementation of the ICPD Programme of Action and specifically regarding reproductive health. However, there are various hurdles and constraints in almost every field. For example even though efforts for improving health of women and children as well as for women's empowerment are being initiated through policies and programmes, risk of women during pregnancy and child birth has not been

reduced as expected. Quality of child development has not been adequately met, violence against women and discrimination against women are still not uncommon, women's enrolment and retention in schools is not yet satisfactory.

Similarly, the structure and functioning of the health care delivery systems need much more strengthening in many parts of the country.

Problem of rapid transmission of HIV infection in India is a serious concern which has not only health consequences but social and economic implications.

The responsibility of various social sectors towards population and Reproductive Health and development has not been realised fully and the desired level of co-ordinated efforts are yet to come. Even though efforts are on for ensuring partnership between Government and NGOs, further strengthening and healthy interface are required.

Efforts towards health care of aged and adolescents need much more emphasis and support. Strategy for health care of adolescents in School, out of school, those in stress such as street children and children in prostitution need to be evolved. Considering the vulnerability of adolescents to HIV/AIDS, there is need to specifically focus on adolescent and sexual health needs. Gap between policies and actual implementation of programmes need to be bridged, particularly on gender equity, male participation etc.

We have 15 years ahead of us to complete the goals and actions we set out for ourselves in Cairo in 1994. The ICPD + 5 evaluation should provide us clear guidelines/direction regarding future action to be taken to enhance our achievements in implementing the POA.

Thank you.